

NH Division of Public Health Services Department of Health & Human Services – NH Immunization Program 2016 NH Annual Child Care Immunization Report



1. Person Completing Form

First Name

Last Name

Email Address:

2. Child Care Center Name

3. LAST FOUR DIGITS of child care license

4. If you received this report in error, please CHECK THE REASON(s) below, STOP HERE, and SUBMIT the REPORT.

- ☐ Site is closed.
- ☐ All children at this site will be covered in the NH Annual School Immunization Report.
- ☐ All children at this site are over 72 months of age.
- ☐ Other. Please specify

5. Type of child care (license type)

- ☐ Family ☐ Preschool ☐ Day Care Nursery
- ☐ Kindergarten ☐ Family Group ☐ After School Program
- ☐ Head Start ☐ Group Home ☐ Group Child Day Care
- ☐ Other. Please Specify

6. PHYSICAL Address

Street Address

City/Town

State Zip County

7. MAILING Address, if different from physical address

Mailing Address

City/Town

State Zip County

8. Contact Information

Director's Name

Phone Number

9. Total number of children enrolled

DO NOT COUNT CHILDREN WHO ATTEND SCHOOL – they will be counted in the Annual NH School Immunization Report. The number in Question 9 must match the sum of TOTAL NUMBER OF CHILDREN IN AGE GROUP column in the table below. If there are 25 children at your site and 3 of those children are after-schoolers and covered in the Annual NH School Immunization Report, the total number of children which you are reporting is 22.

10. Record the NUMBER OF CHILDREN (NOT the number of doses) in each age group who are up-to-date for each vaccine listed. (See table on page 2.)

	TOTAL Number in Each Age Group	DTaP	Polio	Hep B	HIB	MMR	Varicella	Medical Exempt	Religious Exempt	Conditionally Enrolled*
Children Age 2-3 months										
Children Age 4-5 months										
Children Age 6-14 months										
Children Age 15-17 months										
Children Age 18-47 months										
Children Age 48-72 months										

*Conditional Enrollment: Child has had at least 1 of each required vaccine AND an appointment for the next dose of the series. See complete instructions on page 2.

Instructions for the 2016 Annual NH Child Care Immunization Report

If you have internet access, you may submit your report electronically at: <https://novisurvey.net/ns/n/zznrl.aspx>

Mail to NH IMMUNIZATION PROGRAM, 29 HAZEN DR., CONCORD, NH 03301 or fax to (603) 271-3850)

Please be sure to:

- complete all information and read the instructions for each question,
- do **not** submit the child's individual immunization records,
- if you receive a report for more than one location, do not combine numbers, but complete a report for each,
- submit only one report per license per year (additional vaccines will be reported the following year), and
- **return reports by NOVEMBER 15, 2016.**

Failure to submit an annual child care immunization report per RSA 141-C:20-e will be reported to the Commissioner of the Department of Health and Human Services.

Question 1 - Enter your name and your business email address.

Question 2 - Enter your child care name *as it appears* on your NH Child Care License.

Question 3 - Enter the LAST FOUR DIGITS of your NH State Child Care License.

Question 4 - If applicable, enter the reason(s) you did not complete the report. *Stop here and submit your report.*

Question 5 - Check each category of child care that you are licensed to operate.

Questions 6 and 7 - Enter both physical and mailing address, if different. Include zip code and county.

Question 8 - Enter director's name; the director should review the report. Enter complete business phone number.

Question 9 - The total number of children enrolled, up to age 72 months, should be the same as the total of the children in each age group (the sum of column 1 in the table). **Do not count** children who attend school (they will be counted in the Annual NH School Immunization Report).

Question 10 - Complete each box as labeled, with the number of CHILDREN in each age group who are up to date for each vaccine (**not** the number of vaccines). Children are required to be up to date **OR** should have an exemption **OR** be conditionally enrolled - see definitions below. The total in each row across should equal the total number of children in that age group. **Use the table below to determine if a child has had all the required immunizations for his/her age.**

Child's current age	Child should have received:
2 - 3 months	1 dose of DTaP, Polio, Hib, Hep B
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, Hib, HepB
15 - 17 months	4 doses of Hib 3 or 4 doses of DTaP 3 doses of Polio, HepB 1 dose of varicella and MMR
18 - 47 months	4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of Varicella and MMR
4 - 6 years	4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 or 2 doses of Varicella and MMR**

* Children who start the Hib vaccine series late may need fewer than 4 doses; for unvaccinated children over age 5, Hib is not required.

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of varicella and MMR are required.

Conditionally Enrolled - child has documentation of at least one dose of each required vaccine **AND** an appointment for the next due dose(s).

Medical Exemption - documentation from child's doctor that the child is unable to receive a vaccine for medical reasons.

Religious Exemption - requires notarized form from parent stating their objection to vaccine(s) for religious reasons.

If questions, contact the New Hampshire Immunization Program at 603-271-4482 or 1-800-852-3345.

Thank You!